

NOV 19 2004

Please type a plus sign (+) inside this box →



PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/087,599	
		Filing Date	February 28, 2002	
		First Named Inventor	CONSTANTZ, BRENT R.	
		Group Art Unit	3763	
		Examiner Name	Kathryn Thompson	
Total Number of Pages in This Submission		11	Attorney Docket Number	CORA-014
ENCLOSURES (check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)		<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm or Individual Name	BRET E. FIELD, Reg. No. 37,620			
Signature				
Date	November 19, 2004			

CERTIFICATE OF FACSIMILE TRANSMISSION				
I hereby certify that this correspondence is being facsimile filed under 37 C.F.R. §§ 1.6(d) and 1.8(a)(1)(b) addressed to: 703-872-9306 on this date: November 19, 2004.				
Typed or printed name	Donna Maccedo		Date	November 19, 2004
Signature				

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450 Alexandria VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: P.O. Box 1450 Alexandria VA 22313-1450.

RECEIVED
CENTRAL FAX CENTER

NOV 19 2004

VIA FACSIMILE
703-872-9306

AMENDMENT and RESPONSE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/087,599
	Attorney Docket Number	CORA-014
	Filing Date	February 28, 2002
	First Named Inventor	Brent Constantz
	Examiner	Kathryn Thompson
	Group Art	3763
	Title	Localized fluid delivery devices having a porous applicator and methods for using the same.

Sir:

In response to the Office Action dated August 25, 2004, please enter the following amendments: